

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18746

JUN 1 1943

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 58

1. PLACE OF DEATH:

(a) County. **Pulaski**
(b) City or town. **Waynesville, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community. **Life**
years, months or days

3. (a) PRINT **James Robert Maze**
FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife. **Cora Bell Maze** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept. 2, 1863**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 7 18 hr. min.

9. Birthplace **Pulaski Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer (Retired)**

11. Industry or business _____

12. Name **Sheridan Maze**

13. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Not Known**

15. Birthplace **" "**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Carl Briach**

(b) Address **Waynesville, Mo.**

17. (a) **Burial** (b) Date thereof **4/23/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mitchell Cem.**

18. (a) Signature of funeral director **J. L. Hoops & Sons.**

(b) Address **Crocker, Mo.**

19. (a) **5-12-1943** (b) **Chas M Dred**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Mo.** (b) County. **Pulaski**
(c) City or town. **Waynesville, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr.** day **20**
year **1943** hour **1** minute **30 P.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____

that I last saw h _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to **Artificial Stomach**

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy **not made**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

23. Signature **C. M. White** (e) Means of injury **3 Car and**

Address **Crocker, Mo.** Date signed **5-1-43**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1170

RECEIVED

Pulaski County Health Officer

File Number 543-57

Date Filed 5-28-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Paul B. Hoops

Licensed Embalmer No. 3261

P. O. Address Grocher, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.